

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEED DETERMINATION			
O.I.P. EXCLASSIFIER		45	7/23
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			8/10

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INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

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If more than 150 claims or 10 actions
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